

Safety Net Services

What is the service?

- The Institute of Medicine defines safety net providers as “those providers that organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid, and other vulnerable patients.”¹ In Washington State, safety net providers offer primary care, dental, and mental health services. While there is some variation, clinics primarily serve clients enrolled in Medicaid, Medicare, or Basic Health, or who are uninsured.
- Safety net providers include Community and Migrant Health Centers, Free or Charity Care Clinics, Public Health Clinics, Rural Health Clinics, residency programs, public hospitals, and tribal clinics.²
- 2002-2003 estimates of Washington State’s primary care physician safety net capacity³ indicate that out of approximately 1,800 FTEs (excluding King and Pierce counties, as data are not yet available)
 - 71% of private practice physician capacity is not in a safety net role
 - 9% of physician capacity is in Community and Migrant Health Centers
 - 16% of physician capacity is in Rural Health Clinics
 - 2% of physician capacity are in tribal clinics and 2% are in residency programs
 - Physician capacity by clinic type varies considerably by urban and rural counties. Rural counties tend to have a lower percentage (42%) of private practice, and a higher percentage (44%) of physician capacity in Rural Health Clinics. See *Washington’s Primary Care Safety Net: Structure and Availability* for more information.

How/where is the service provided?

Community and Migrant Health Centers (CMHCs)

- Many CMHCs receive federal funding and are referred to as Federally Qualified Health Centers (FQHCs)
- Many CMHCs also receive state funding through the Community Health Services Program, based out of the Washington State Health Care Authority
- CMHCs focus on providing services to those who are underinsured or have Medicaid or Basic Health
- CMHCs are second only to the emergency room in providing care to the uninsured in most communities
- There are approximately 100 clinic sites in Washington, 80 with dental care, and 30 with mental health/wellness services

¹ Institute of Medicine, *America’s Health Care Safety Net: Intact but Endangered*. 2000. <http://www.nap.edu/books/030906497X/html/21.html>

² Schueler, V *Washington’s Primary Care Safety Net: Structure and Availability*. Office of Community and Rural Health, Washington State Department of Health. <http://www.doh.wa.gov/hsqa/ocrh/har/Wapcnet.doc>

³ Schueler, V *Washington’s Primary Care Safety Net: Structure and Availability*. Office of Community and Rural Health, Washington State Department of Health. <http://www.doh.wa.gov/hsqa/ocrh/har/Wapcnet.doc>. Physician capacity is defined as the total FTE (1 FTE = 40 hours a week of direct patient care).

Free or Charity Care Clinics

- Operated by community service organizations or churches, with donated labor and materials
- Some clinics receive state funding through the Community Health Services Program
- Approximately 20 free or charity clinics in Washington

Public Health Clinics

- Public Health Seattle-King County has four primary medical care and five dental clinics, which primarily provide preventive care and care for the homeless
- Most of Washington's local health jurisdictions do not provide direct medical care

Rural Health Clinics (RHCs)

- Located outside urbanized areas in Health Professional Shortage Areas
- Clinics receive enhanced reimbursement for Medicaid and Medicare patients
- As of March 2004, there were 106 Federally Certified Rural Health Clinics in Washington State
- The number of RHCs has steadily increased over the past three years. This increase is expected to continue over the next 3-5 years.
- Most clinics limit sliding fee and charity care to less than 5% of total patients seen

Primary Care Residency Programs

- Located in Bremerton, Olympia, Seattle, Spokane, Tacoma, Vancouver, Yakima, Colville and Goldendale.
- Programs provide training to resident physicians as part of their post-graduate education
- The program has not grown, and may contract over time. This may be due to the decreasing percentage of medical students entering primary care, the increased malpractice insurance costs, and difficulty matching residents with open residency slots.

Tribal Health Clinics

- Of the 29 federally recognized tribes in Washington State, 23 operate tribal health clinics
- Four of these clinics are operated by the Indian Health Service and are open only to tribal members
- The remaining clinics (operating under federal Indian Self-Determination and Education Act) increasingly rely on Medicare, Medicaid, other third-party revenue sources, and revenue from tribal enterprises.⁴ Some of these clinics are open to non-members.

Eligibility

Safety Net clinics primarily serve clients enrolled in Medicaid, Medicare, or Basic Health, or who are uninsured.

⁴ Schueler, V *Washington's Primary Care Safety Net: Structure and Availability*. Office of Community and Rural Health, Washington State Department of Health. <http://www.doh.wa.gov/hsqa/ocrh/har/Wapcnet.doc>.

Who is receiving the Service?

Community and Migrant Health Centers (CMHCs), that are Federally Qualified Health Centers (FQHCs) ⁵:

Number of Visits and Clients at FQHCs in Washington State, 2003:

	# visits	# clients
Medical Service	1,409,514	396,994
Dental Service	389,026	156,468
Mental Health Services	21,923	8,174
Total	1,820,463	561,636

Number of Pregnant Clients at FQHCs in Washington State, 2003: 12,591

Age and Sex of Clients at FQHCs in Washington State, 2003:

Age	Female	Male	Total Number Served
0-4	49.6%	50.4%	60,172
5-14	50.3%	49.7%	92,850
15-17	57.2%	42.8%	23,402
18-19	64.7%	35.3%	15,851
20-44	61.4%	38.6%	208,574
45-64	58.3%	41.7%	83,780
65+	60.6%	39.4%	22,064
Total	57.3%	42.7%	506,693

Race and Ethnicity of Clients at FQHCs in Washington State, 2003:

Race/Ethnicity	Number	Percent
Hispanic	188,481	37.2%
White	221,744	43.8%
Black	27,997	5.5%
Native American or Alaska Native	8,470	1.7%
Asian or Pacific Islander	32,731	6.5%
unreported	27,270	5.4%
Total	506,693	100.0%

⁵ Data provided by the Washington Association of Community and Migrant Health Centers. Data provided include 19 of the 23 FQHC grantees in Washington. The total number of clients may have clients counted more than once, since a single patient may receive medical, dental or mental health services. Utilization counts may also include duplicates.

Payment Type of Clients at FQHCs in Washington State, 2003:

Payment Type	Number	Percent
Sliding Scale/uninsured	183,403	36.2%
Medicaid	194,462	38.4%
Basic Health	46,332	9.1%
Medicare	21,599	4.3%
Private Insurance	60,897	12.0%
Total	506,693	100.0%

Community Health Services

- Data on clinics that receive Community Health Services Program funding are available at <http://www.hca.wa.gov/chs/doc/ar2004.pdf> through the Washington State Health Care Authority (<http://www.chs.hca.wa.gov/>)

Free or Charity Care Clinics

- Approximately 40,000 patient visits in 2003.⁶ These data are not regularly collected.

Public Health Clinics

- For information on clients served in the Health Care for the Homeless program, see the 2003 annual report at <http://www.metrokc.gov/health/hchn/2003-annual-report.pdf>.

Rural Health Clinics (RHC)

- Estimated 1.62 million patient visits to the 102 RHCs open in 2002.⁷
- RHCs had a median of 18% of visits from Medicaid patients, and 25% of visits from Medicare patients.⁸

Tribal Health Clinics

- See the American Indian Health Commission for Washington State website for a summary report of services available for federally recognized tribes: http://www.aihc-wa.org/AIHCDP/AIHCDP/2003_AIHCDP/Profiles.pdf.

Primary Care Residency Programs

- Compared with private providers, the programs often accept more publicly insured or uninsured patients⁹

⁶ Schueler, V *Washington's Primary Care Safety Net: Structure and Availability*. Office of Community and Rural Health, Washington State Department of Health. <http://www.doh.wa.gov/hsqa/ocrh/har/Wapcnet.doc>

⁷ *Rural Health Clinic Report (not yet released)*. Washington Area Health Education Centers.

⁸ *Rural Health Clinic Report (not yet released)*. Washington Area Health Education Centers.

⁹ Schueler, V *Washington's Primary Care Safety Net: Structure and Availability*. Office of Community and Rural Health, Washington State Department of Health. <http://www.doh.wa.gov/hsqa/ocrh/har/Wapcnet.doc>

Issues/Concerns

- The percentage of the state's uninsured population being seen at CMHCs has increased from 31% in 2000 to 33% in 2003.¹⁰ CMHC funding is not adequate for the increase of uninsured residents. The growth rate of CMHCs is expected to slow or contract over the next 2-3 years.⁶
- Several sources of information exist with respect to medical access for Medicaid clients, but the state has no source of information about overall access to care. Many providers do not accept Medicaid clients for care, although this problem is difficult to quantify. Information based on Medicaid databases has indicated generally stable, if problematic, access patterns statewide with some local areas of increasing access issues. Medicaid databases do not indicate an overall increasing concentration of visits in the FQHC sector of providers.

¹⁰ Kavoussi, Rebecca, Burchfield, Erin *Stretching the Safety Net: The Rising Uninsured at Washington's Community Health Centers*. Save Health Care in Washington. December, 2004. <http://www.savehealthcareinwa.org/wedo/research/rsrch00001-exec.php>
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